



PTO/SB/91A (12-08)  
Approved for use through 11/30/2011. OMB 0851-0038  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  |                        |                                      |
|--|------------------------|--------------------------------------|
| <b>PATENT - POWER OF ATTORNEY<br/>OR<br/>REVOCATION OF POWER OF ATTORNEY<br/>WITH A NEW POWER OF ATTORNEY<br/>AND<br/>CHANGE OF CORRESPONDENCE ADDRESS</b> | Patent Number          | 7,004,350 B2                         |
|  | Issue Date             | February 28, 2006                    |
|  | First Named Inventor   | OROUMIEH, Robert                     |
|  | Title                  | DISPENSER FOR TOOTHPICKS AND TABLETS |
|  | Attorney Docket Number | AM06-01                              |

I hereby revoke all previous powers of attorney given in the above-identified patent.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

OR

☒ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

| Practitioner(s) Name | Registration Number |
|----------------------|---------------------|
| Frederic M. Douglas  | 48,813              |
|                      |                     |
|                      |                     |
|                      |                     |

Please recognize or change the correspondence address for the above-identified patent to:

☐ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name: **Frederic M. Douglas**

Address: **15333 Culver Drive, Suite 340 PMB 114**

City: **Irvine** State: **CA** Zip: **92604-3081**

Country: **United States of America**

Telephone: **949-283-0442** Email: **fdouglas@cox.net**

I am the:

☐ Inventor, having ownership of the patent.

OR

☒ Patent owner.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Sep. 21, 2006 (also attached)

**SIGNATURE of Inventor or Patent Owner**

|                   |  |           |                       |
|-------------------|--|-----------|-----------------------|
| Signature         |  | Date      | <b>3-23-09</b>        |
| Name              | <b>Robert Oroumieh</b>   | Telephone | <b>(828) 989-0883</b> |
| Title and Company | <b>President, Amity Rubberized Pen Company (Assignee of entire interest)</b> |           |                       |

**NOTE:** Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of one (1) forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.